

Case Number:	CM14-0183750		
Date Assigned:	11/10/2014	Date of Injury:	06/13/2013
Decision Date:	12/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported an injury on 06/13/2013. The mechanism of injury occurred when the injured worker pulled down a trailer door. His diagnoses were listed as cervical spine sprain/strain, right shoulder strain with tendinitis, left shoulder strain, carpal tunnel syndrome bilaterally. Past treatments included medications and chiropractic treatment. Diagnostic studies included an x-ray of the right shoulder, performed on 06/14/2013; an MRI, performed on 03/03/2013; and an electromyography (EMG)/nerve conduction velocity (NCV) study, performed on 02/05/2014. His surgical history included appendectomy. On 09/12/2014, the injured worker complained of neck, shoulder, and wrist pain. Physical examination revealed tenderness to palpation to the cervical spine with muscle spasm noted, positive cervical spine compression test, and range of motion was 20 degrees of flexion and 10 degrees of extension. His current medications were noted to include Percocet 7.5/325 mg taken every 6 hours, Prilosec 20 mg taken twice a day, Compazine 5 mg, lisinopril 20 mg taken once a day, and atenolol 25 mg taken twice a day. Treatment plan included a rheumatology evaluation, continued chiropractic treatment, refill medications. A request was received for 12 physical therapy sessions. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 12 physical therapy sessions is not medically necessary. The California MTUS Guidelines recommend up to 10 visits of physical therapy for myalgia and myositis. Clinical notes indicate that the injured worker complained of neck, shoulder and wrist pain with muscle spasms. However, there is no documentation with evidence of functional deficits to indicate the need for physical therapy. In addition, as the request for 12 sessions exceeds the recommended amount of 10 sessions per guidelines, the request is not supported. Therefore, the request is not medically necessary.